L05000106865

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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J	Office Use Or	-1



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T. MATTHEWS FEB 10 2022



RECEIVED

2022 JAN 27 AM 9: 04

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FL

January 13, 2022

' (, '

DAVID BLIZZARD 5337 N SOCRUM LOOP ROAD UNIT 401 LAKELAND, FL 33809

SUBJECT: DAVID BLIZZARD LLC Ref. Number: L05000106865

We have received your document for DAVID BLIZZARD LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Done

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 922A00001034

COVER LETTER

TO:

TO: Registral Division	tion Section of Corporations		
SUBJECT:	DAVID BLIZZARD LLC		
	Name of I	Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	prespondence concerning this mat	ster to the following:	
	DAVID BLIZZ		
		Name of Person	
	DAVID BLIZZ	ZARD LLC	
		Firm/Company	
	5337_N, SOC	CRUM LOOP ROAD UNIT 401	
	LAMELAND		
	LAKELAND,	City/State and Zip Code	-
		•	
	<u> </u>	stments28@gmail.com s: (to be used for future annual report notif	ication)
For further informa	tion concerning this matter, please		,
DAVID	BLIZZARD	at (863) 513-2549	
N	ame of Person		Telephone Number
anclosed is a check	for the following amount:		
※ \$25.00 Filing F	cee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac		Street Address:	
	ion Section	Registration Sec	
	see, FL 32314		
DAVID N Enclosed is a check \$ \$25.00 Filing F Mailing Ac Registrat Division P.O. Box	BLIZZARD ame of Person for the following amount: dee	at (863) 513-2549 Area Code Daytime \$555.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Sec Division of Corp The Centre of Ta	Soo.oo Filing Fee. Certificate of Sta Certified Copy (additional copy is en

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 22 JW 27 PH 3: 25 **OF**

DAVID BLIZZARD LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on11/02/2005	and assigned
Florida document numberL05000106865		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5337 N. SOCRUM LOOP R	OAD UNIT 401
Principal office address MUST BE A STREET ADDRESS)	LAKELAND, FL 33809	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	5337 N. SOCRUM LOOP F	ROAD UNIT 401
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MOLLY BLIZZARD	390 WINDERMERE DRIVE	[XAdd
		LAKELAND, FL 33809	□Remove
			□Change
MGR	SEBASTIAN BLIZZARD	390 WINDERMERE DRIVE	⊠Add
		LAKELAND, FL 33809	
			□Change
MGR	OWEN BLIZZARD	390 WINDERMERE DRIVE	ŠAdd
		LAKELAND, FL 33809	□Remove
			☐ Change
MGR	LILLY BLIZZARD	390 WINDERMERE DRIVE	bbAX]
		LAKELAND, FL 33809	□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□ Remove

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.	Effective date, if other than the date of filing:10/22/2021		
Effective date, if other than the date of filing:10/22/2021	Effective date, if other than the date of filing: 10/22/2021 (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (38) (Optional) (In an in this date mist be described and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (38) (Optional) (Optional		
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Dan Alman	Signature of member of authorized representative of a member	e record rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
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	DAVID BLIZZARD		Seminar of members announced representative of a member